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ABSTRACT

Shedding light on problems of mental health and illness that have baffled public health workers attempting to improve the health and welfare of Mexican Americans living in the lower Rio Grande Valley, this document reports the folk customs, social organization, medical practices, and beliefs of the Mexican American of this area. Chapters describe the population, social structure, values, and customs. Particular emphasis is given to the Mexican American concept of illness, the medical referral system, and "curanderismo" (the system of disease theory and curing techniques associated with the curandero whose healing powers are believed to be a gift from God). In conclusion, 14 recommendations are given for improving the relationship between modern medicine, welfare workers, and the Mexican American in need of assistance. Some of these recommendations would require a changed relationship between doctor and patient, even involving cooperation between physician and curandero. It is suggested that the United States culture has much to learn from the Mexican American citizens about family solidarity, child rearing, respect patterns, and religious values. (AN)

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SOCIETY and HEALTH

IN THE LOWER RIO GRANDE VALLEY

BASED UPON THE FINDINGS OF THE

Hidalgo Project on Differential Culture Change and Mental Health

By WILLIAM MADSEN

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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Introduction

FOR THE PAST four years, Dr. Madsen and his research associates have been conducting intensive studies of folk customs, social organization, medical practices and beliefs that characterize Mexican-Americans in the lower Rio Grande Valley. These investigations, supported by the Hogg Foundation, have shed considerable light upon the problems of mental health and illness that have baffled public health workers attempting to improve the health and welfare of Mexican-Americans living in Texas.

The insights and recommendations set forth in this pamphlet were presented under the auspices of the Hidalgo County Health Department at a public health conference in August, 1961. Because of the widespread interest in Dr. Madsen's findings and their significance for public health and welfare workers, the Foundation has published this booklet in advance of the more extensive, technical reports that will be forthcoming within two years.

When the study began in 1957, three communities in Hidalgo County were selected for intensive investigation by a staff of three full-time anthropologists, Mrs. Antonieta Espejo, Mr. Octavio Romano, and Mr. Arthur Rubel, each working in separate communities, but frequently comparing field notes. The communities ranged from a border village, which has managed to preserve its Mexican folk culture, to a middle-sized city with noticeable social stratification among the Mexican-Americans. In 1959, a fourth research associate, Mr. Albino Fantini, was added to the staff to work closely with one of the local public health clinics.

Mrs. Espejo, of Mexico's National Institute of History and Anthropology, served as field director, concentrating primarily upon folk medicine and society in one of the major agricultural centers of the Valley. By befriending sev-

eral *curanderos*, (local folk healers,) she was able to trace in fine detail the referral system used by Mexican-Americans seeking help with the treatment of illness outside of regular medical channels. This network ranged all the way from south of Monterrey, Mexico, to San Antonio and served to dramatize the extent to which Mexican-Americans travel freely on both sides of the border in conducting their daily affairs.

The mental health implications of the findings reported by Dr. Madsen and his associates are immediately apparent, once it is recognized that among lower-class Mexican-Americans most forms of mental illness and abnormal behavior are attributed to supernatural causes that require special kinds of folk medicine such as that dispensed by a *curandero*, rather than treatment by a psychiatrist or psychologist. Many physical ailments are also attributed to supernatural causes, while others are recognized as having a natural origin. Although most of the educated Mexican-Americans in the Valley seek modern medical assistance for recognized illness, reliance upon folk medicine or *curanderismo* is by no means limited to the lower social classes.

At the end of this brief report, Dr. Madsen and Mrs. Espejo have made a number of recommendations for improving the relationship between modern medical or welfare workers and the Mexican-American in need of assistance. These suggestions are set forth in the hope that they will be of immediate value in provoking discussion of the issues involved. Several are admittedly controversial in nature, since they would require a changed relationship between doctor and patient, even involving cooperation between physician and *curandero* in some cases. When viewed in the light of Dr. Madsen's findings, however, all 14 of the recommendations deserve serious consideration. The problems of mental and public health among Mexican-American citizens are sufficiently serious to demand that any fresh point of view be examined thoroughly.

WAYNE H. HOLTZMAN

The Population and the Area

A BORDER AREA presents a social situation in which people and ideas from two countries mingle to create a sub-culture different from the two national norms. The lower Rio Grande Valley in South Texas represents such a situation where close contact between Mexico and the United States has produced a distinctive border culture with a dual society based on ethnic differences.

Originally inhabited by migratory Indians, the Valley was permanently settled from Mexico as an extension of New Spain in the middle of the 18th century. Families from northern Mexico who colonized the Valley were given free land grants by Spanish authorities. U.S. settlers entered the area at the beginning of the 19th century, but the Mexicans and the Mexican way of life continued to dominate the Valley. Most of the original Indian population was wiped out and the survivors lost their racial identity through mixed marriages.

After Texas won its independence, U.S. cultural influences increased although the population was still primarily of Mexican descent. The major settlement of Anglo-Americans in the Valley began in the early part of the 20th century when real estate syndicates promoted the area as a promising citrus fruit and truck gardening center. Purchasers of this undeveloped land came mainly from the

United States Midwest. The period of agricultural development by United States citizens also witnessed a heavy influx of Mexicans who were political refugees from the Revolution of 1910. Valley land owners hired cheap Mexican labor to clear the underbrush and install irrigation systems.

The two main ethnic groups in the Valley today are the Anglos, white residents who came primarily from the Midwest; and the Mexican-Americans, who are descendants of early settlers and recent immigrants from Mexico. A third group of fluctuating size and significance is composed of "braceros," the transient Mexican laborers imported by international agreement to pick crops in the U.S.

The population is concentrated in cities and small towns which line the main highways. A few hamlets are inhabited only by Mexican-Americans, but the typical town is populated by both Anglos and Mexican-Americans who live in separated residential districts divided by a highway or railroad tracks. Anglo isolation from the Mexican-American is not only spatial but also social. Virtually the only relationship between the two ethnic groups is economic. Except for a small elite, most of the Mexican-American population consists of wage laborers who work in the fields, canneries, factories, or stores. The predominant relationship between the Anglo and the Mexican-American is that of employer to unskilled employee.

Each group holds a stereotyped image of the other. The unflattering nature of these images is reflected in the descriptive terms used by one group to designate members of the other group. Mexican-Americans refer to Anglos with the derisive terms "bolillos," "gabachos," and "gringos." Non-derogatory terms for English-speaking people are: "Anglos" and "Americanos." Sometimes the Anglos are merely referred to as "extranjeros" (foreigners) while the Mexican-Americans reserve the term "tejanos" (Texans) for themselves. Anglos customarily refer to the Spanish-speaking population as "Mexicans" but also use the deroga-

tory term "meskins." More outspoken Anglos use the face-slapping word "greasers."

The Mexican-American resents the economic dominance of the Anglo and his associated air of superiority. A majority of Mexican-Americans lack the educational background to obtain well-paid work, and even those who are fully qualified for good jobs usually receive lower salaries than Anglos earn for the same work. The Mexican-American also resents the contempt for his customs shown by the Anglo. Some school authorities have punished Mexican-American children and threatened them with expulsion for speaking Spanish on school premises.

The Anglo regards the Mexican-American as a childlike, undependable creature in need of paternalistic guidance. Many Anglos have expressed the opinion that "we know better than the Meskin what is good for him." They describe the Mexican-American as "unreliable," "superstitious," "morally lax," "ignorant," and "lazy." Anglo foremen asked to characterize the personality of their Mexican-American field workers typically described them as "lazy" although at the time of the questioning the field crew had been working at exhausting stoop labor for hours without a break. Such misconceptions of the Spanish-speaking population are due to the Anglo's frequent failure to understand Mexican-American customs and values as well as the Anglo hope of remaining in control of a servile labor force. The Anglo white-collar worker sometimes deprecates Mexican-Americans because he regards the educated members of their group as a threat to his job which may be taken away from him and given to a lower-paid, darker-skinned employee.

The Anglo stereotype of the Mexican-American is also applied to the Mexican bracero who is looked down upon by both Anglos and Mexican-Americans. The latter group regard both the bracero and the wet-back as economic threats because they work for lower wages than U.S. citizens are willing to accept. Mexican crop pickers are contemptuously

called "mariachis" in Mexican-American circles. The Mexican-American's feeling of superiority to Mexican laborers is part of a mixed feeling toward Mexico as a whole. He regards Mexico as the ultimate source of philosophical truths and the center of the appreciation of beauty and the arts. But he is proud of his U.S. citizenship and his country's technological superiority over Mexico whose manufactured goods are automatically condemned as inferior.

The availability of cheap, bracero labor has forced many Mexican-Americans to join migratory labor crews that harvest crops in the north. The wages of migratory laborers are so low that a man's wife and children must join him in harvesting crops in order to earn enough money to feed and shelter the family. On returning to South Texas, the migratory laborers introduce new ideas from the north, while the old values of Mexican folk culture are simultaneously reinforced by contact with the braceros.

The social relationship between Anglos and Mexican-Americans is changing with the economic advancement of educated Mexican-Americans and their gradual acceptance in Anglo circles. This trend is reflected in the increasing number of Mexican-Americans who live on the Anglo side of the tracks and in marriages between members of the two groups.

La Raza

THROUGHOUT THE United States, Mexican-Americans consider themselves members of "La Raza" which can be literally translated as "The Race," but carries the broader meaning of a group of people united by common values and customs. In Mexico, the term "La Raza" carries strong connotations concerning the spiritual strength of the Mexican people. In the United States, Mexican-Americans use the term to characterize themselves as a minority group within the context of United States culture and to distinguish themselves from the Anglo members of their particular community.

Despite the common ties that bind "La Raza" together, the ethnic group manifests regional and local differences, which are recognized by the Mexican-Americans who have special terms for their fellows from various parts of the country. In South Texas, the Spanish-speaking people from New Mexico are called "manitos" and those from California are known as "pochos." In Mexico the term "pocho" is a derogatory word for a Mexican who emulates gringo behavior patterns. Mexican-Americans often call Mexican nationals "chicanos."

The concept of "La Raza" in South Texas embodies much of the old value system derived from Mexican folk culture. Religion and group loyalty are focal values in this sys-

tem. The ideal behavior pattern prescribed by the concept stresses good manners, performance of religious duties, and observance of high moral standards. Most Mexican-Americans feel that "La Raza" as a whole fails to live up to its own standards. Some say that all members of the group are destined to fail in the attempt to live up to their high ideals. Others say that "La Raza" is prevented from achieving its goals by a few bad men who become drunkards or "unclean" individuals. These complaints are expressed in the phrases: "por unos perdemos todos" (we all lose because of the faults of a few); and "la raza siempre tira al mal" (our people always do wrong).

To become a respected member of "La Raza," the individual must develop certain character traits valued by the group. Foremost among the traits essential to male prestige is the quality of "machismo" or full development of manliness. A man displays this quality by his sexual prowess, dignity, aloofness, and ability to stand up for his own rights. He is the absolute master in his home. In male company he is ready to defend his opinions with force, if necessary, and never retreats from an openly stated opinion. Any insult or offense must be avenged even though it takes years to repay the injury. The "true man" pays back his enemy either by a direct, physical attack or by hiring a witch to perform a magical attack. The offense is never forgotten or forgiven. The Anglo custom of patching up a friendship by shaking hands after a row is viewed as lacking all elements of true manliness. The Mexican-American man who strives for "machismo" must avoid displaying uncontrolled emotions, getting into ridiculous or humiliating situations, and indulging in offensive gossip. If a man must gossip, he does it by oblique analogy without naming or directly identifying the person he is talking about.

A woman cultivates the quiet quality of womanliness which makes a man feel virile. She waits on her husband and shows him absolute respect, for to do otherwise would be a reflection on his manhood. She does not resent her sub-

ordinate role or envy the independence of Anglo women, since her fulfillment lies in helping her husband achieve his goals. Female gossip is tolerated, and the Mexican-American women of South Texas are as fond of this pastime as their Anglo sisters.

The head of the family receives respect not only from his wife and children but also from any visitor who crosses his threshold. A visitor must never enter a home, be seated, or take any other liberty until he is invited to do so. He must never question any statement made by his host or express opinions of his own. So precious is the dignity of the individual that he is constantly on guard against those who would lower it. He particularly mistrusts strangers who might try to take advantage of him, and his fear has been justified by the vicious "kick-back" system that prevails in the employment of field hands.

Children are taught to defend themselves in a hostile world in order that they will know how to maintain their dignity as adults. The education of children takes place primarily in the home and stresses the teaching of proper conduct in dealing with people in any social situation. Every child must learn a complex system of etiquette which enables him to show respect for others while maintaining his own dignity. He must also learn to be self-reliant in supporting himself and solving his own problems. He is taught to refuse charity. Formal schooling constitutes a small part of the child's education. Among the lower classes, only a few years of schooling are regarded as necessary for a child before he goes to work in the fields to help his family earn a livable income. The Mexican-American farm hand or factory worker who feels destined to generations of hand labor sees no advantage in intensive schooling for his children. However, higher education is a major goal among the upper classes and part of the middle classes.

The man or woman who fulfills the ideals of "La Raza" is rewarded in his later years with the title of "don" or "doña" as in Don Pedro or Doña Maria. In 16th century

Spain, "don" was a title reserved for the nobility. Since few nobles migrated to the New World, the title "don" came to be used for Spaniards who achieved high prestige in Mexico. The Indians and lower-class mestizos applied the title to their respected elders, and this usage was introduced in Texas during the era of New Spain. Today the title is earned solely on the basis of respected behavior with no reference to wealth. A "don" may be rich or poor and many wealthy individuals are not sufficiently respected in the community to receive the title. Among those honored with donship are a few of the older Anglos known for their honesty and their respect for Mexican-Americans.

Social Organization

IN THE SMALL hamlets ("pueblitos") inhabited entirely by Mexican-Americans there is no class hierarchy, although a loose distinction is made between the self-employed and those who work for others. Prestige in these communities depends almost entirely on whether or not the individual lives up to the ideals of "La Raza." Mexican-Americans living in towns and cities are divided into lower, middle, and upper classes based upon occupation, income, and family background. Although an individual may take pride in belonging to one of the higher classes, his social status is still evaluated according to the principles of "La Raza."

A. THE CLASS SYSTEM

The lower class consists of field hands, factory or cannery workers, and servants. Their forefathers came from rural areas in Mexico, bringing with them various patterns of Mexican folk culture, which persist in South Texas today. This class is the most resistant to new ideas which conflict with the beliefs they have inherited from their elders. Lower class individuals most susceptible to change are the migratory workers who have gone to Michigan or other parts of the north and the small minority who have received a high

school education. These individuals may become economically motivated and try to move up into the middle class.

The middle class is in large part the result of immigration from Mexico, but it is also filled by vertical mobility from the lower class. The influx of Mexican fugitives following the Revolution of 1910 formed a clearly-recognizable middle class, perhaps for the first time. Members of this class are referred to as being "de la media" (of the middle). They mix more with members of the lower class than with those of the upper class but attempt to retain their class distinction through social distance. Close personal contacts between members of the lower and middle classes are common only at formal ceremonials such as baptisms, weddings, and funerals.

Both an upper and a lower middle class can be distinguished although this classification is not made by the local population. The lower middle class is composed primarily of skilled workers who often own small repair or retail establishments. These merchants may double as money lenders or as migratory peddlers during the harvest season when they close their stores to follow the crop pickers. The upper middle class consists of the larger merchants and the successful operators of small farms who have risen from the lower middle category. Most families of the upper middle class own an automobile and try to give their children a high school education. A few of these families see their children through college and even graduate school. Nearly all government employees of Mexican descent come from the upper or lower middle class, depending on their education and office position.

The upper class is descended from the original land grant families who came from Mexico during the days of Spanish rule. During the Mexican-French war, a great many daughters from upper class families married French bachelors, while others married Anglos who had moved into the Valley. These ladies were highly desired marriage partners be-

cause they represented wealth and land and also because there was a surplus of males.

Loyalty to the traditions of Spanish colonial culture is characteristic of the upper class which values formal education stressing knowledge of the arts and languages. Members of the aristocratic families speak English, Spanish, and perhaps one or more additional languages with fluency. They send their children to parochial schools in order that their education will include religious instruction. Young people of this class receive college degrees and many have advanced degrees in law or medicine. Others are successful ranchers, farmers, and businessmen. The upper class generally relies on physicians for medical care.

Wealth is not a criterion for membership or prestige in the upper class, although the majority of its members are financially comfortable. A man earns respect for his gentlemanly behavior and his knowledge rather than the size of his bank account. Consequently, the upper-class Mexican-American avoids close social ties with the Anglo upper class whose philosophy of life he finds inadequate. Members of the upper middle class frequently try to climb into the upper class but generally fail. Professional men who hold graduate degrees may succeed. The upper class is small in numbers and scattered throughout the lower Rio Grande Valley. Their social functions often involve driving to another town for visits or parties with other members of their set. They tend to marry into families of their own class. Few of them leave South Texas.

Mexican-American political leaders come primarily from the upper-middle and upper classes. They are usually well-to-do leaders in the professions who have political connections throughout the Valley. Their goals are to obtain higher economic and social standing for the Mexican-Americans through improved job opportunities and education. Their public relations program reminds the Anglo population of the wealth of Mexican tradition that enriches the Texas border culture. Mexican-American leaders are

active in organizations such as the Good Neighbor Commission, the League of United Latin American Citizens (LULAC), and the Board of Education. The role of leadership in a Mexican-American community is never easy to fill because compromise with the Anglo community may lead to a charge that the leader has betrayed the ideals of La Raza. Then the leader is likely to find himself without popular support.

The conflict between Anglo and Mexican-American values has produced a longitudinal split through all of the classes mentioned above. In each class there is a large conservative group dedicated to Mexican ideals, a modern element which eagerly adopts Anglo values and behavior patterns, and a few straddlers who try to accept values from both ethnic groups.

The conservative element looks down on the "inglesados" (the anglicized) and "agringados" (the gringoized) who adopt Anglo values. The "inglesados" find themselves in an extremely uncomfortable social and psychological position because they are seldom accepted by Anglos and they are held in contempt by their own people. Their new Anglo values come into direct conflict with the Mexican-American values that they have been taught by their parents. Reaction to this situation varies. Some retreat back into the traditional Mexican-American system and attack the Anglo values they previously held. Others aggressively push harder for complete Anglicization and ignore or ridicule the Mexican-American traditions. This reaction often includes conversion to Protestantism. Another out is physical escape through migration to California, Michigan, or the bigger cities in Texas. A few individuals commit overt acts of rebellion that land them in jail or in mental institutions.

A small group of Mexican-Americans have succeeded in transferring from one way of life to another. They are completely anglicized and have abandoned the Spanish language. When they say "we," they are referring to members of the Anglo-American society.

B. THE FAMILY

The conflict between Anglo and Mexican-American values is nowhere more pronounced than in the different concepts of the family held by the two ethnic groups. The Anglo democratic family with its concept of female equality violates Mexican-American ideals. No respectable Mexican-American male would raise doubts about his masculinity by donning an apron and doing the dishes. In his home, he alone gives the orders. His philosophy is summed up in the saying "En mi casa yo mando" (In my house I command). As the father rules the family, the mother comforts and encourages her husband and children. Within the family is found the strongest feeling of belonging. The Anglo practice of divorce and serial monogamy is regarded as immoral and disgusting.

Outside the home, the Mexican-American husband enjoys extramarital freedoms that give the Anglo husband a sense of guilt or sin. The Anglo concept of sexual fidelity in marriage is foreign to Mexican-American culture which brands infidelity as a vice only when it involves neglect or abandonment of a man's family. A husband may have affairs with other women or even maintain a mistress in a second household known as a "casa chica" (little household). Illegitimate children do not threaten the family line, for they are not their father's heirs and hold no claim to his purse. But if a man is of "good heart," he will help them financially when he can and go to their aid in case of trouble.

Parents are responsible for the physical welfare, morality, and education of their chidren. At an early age, the child learns respect for his elders. He is taught good manners, social, and religious obligations, the value system of "La Raza," and the performance of everyday tasks. Parents stress the view that proper conduct and intellectual attainments are far more important in life than the acquisition of wealth. Above all, the child is taught to honor and defend the family.

Mexican-American parents gain increased respect as they grow older, since age is venerated. The older a person is, the greater his knowledge and wisdom, and the closer he is to God if he has led a good life. Any disrespect shown to old people is regarded as an offense against God which may bring illness or misfortune on the culprit. Respect for the aged is a strong force for cultural conservatism since the older generation tends to be the more conservative element of the population.

Daughters must remain pure and untouched by scandal to protect the family honor and assure a good marriage. Parents see to this by pulling girls tightly into the family circle at adolescence when association with boys is largely avoided except under the eyes of an elder. Adolescent girls have a few close girl friends with whom they play and gossip, but they are never far from an older person's observation. Exceptions to this behavior pattern are found among anglicized families and in the bottom segment of the lower class.

Boys in their early teens begin to take up activities centered outside of the home. They join informal gangs called "palomillas" (a play-group, literally "moths") where they learn how to behave like men, defend themselves, and acquire skill in other elements of male culture. Within the "palomilla" each boy has an intimate friend ("amigo de confianza") who represents his closest social tie outside the family.

Before marriage, children are expected to pay off their indebtedness to the family. A young man takes a job while he is still living at home and turns over his earnings to his father, who gives him an allowance for cigarettes, beer, and other small luxuries. A daughter usually helps her mother with the household tasks.

Marriage is a contract between families as well as between individuals. No proper person would marry without the consent and approval of the elders in his family. He should not marry below his family's class and prestige level. The Mexican-American family does not fragment into bio-

logical units as the Anglo family does after marriage. When a Mexican-American refers to his family, he includes not only his wife and children, but also his parents, grandparents, uncles, aunts, and cousins.

Outside of the family, the closest social relationships are the ritual kinship ties of the godparenthood system ("compadrazgo"). Parents choose godparents for their children at the time of baptism, first communion, and marriage. Godparents become the "compadres" of the godchild's parents. "Compadres" are usually chosen from a slightly higher prestige or class level than that of the parents. Godparents assume serious obligations to their godchild, while an equally important set of mutual obligations is established between the child's parents and godparents. Parents always consult their child's godparents before making any major decisions affecting his welfare. "Compadres" call upon each other for aid or advice in time of trouble or illness. The social relationship between compadres is very formal. Today the mutual obligations of the "compadrazgo" system are weakening due to social and spatial mobility. A godparent who has moved from South Texas to Michigan or joined a Protestant church cannot fulfill his duties.

C. INSTITUTIONAL AFFILIATIONS

The bonds of the extended family and the "compadrazgo" system give the Mexican-American a sense of belonging that makes it unnecessary for him to organize or affiliate with civic activity groups, lodges, clubs, or secret societies comparable to those of the Anglo community. The Mexican-American is no joiner. Attempts to organize the Spanish-speaking population on a permanent basis nearly always fail. The main exceptions are church societies and city political organizations, but even these groups are often short-lived. Women's clubs are practically unknown.

The idea of self-reliance prevents the Mexican-American from joining unions or mutual-aid societies. Officers of any organization are subject to suspicion of embezzlement or self-advancement at the expense of others.

Health and Illness

THE ILLNESS of an individual is always a matter of concern for the extended family. No member of a Mexican-American family is regarded as ill unless the head of the family agrees that he is. No major treatment is ever accepted for a sick person unless the head of the family has approved of it. The health worker is not dealing with a single individual but with an extended family which often includes distant relatives and compadres.

A. CONCEPT OF ILLNESS

The family usually is reluctant to relinquish its responsibility for sick members and frequently resists hospitalization. The impersonal environment of a hospital or mental institution seems cold and unpleasant to the Mexican-American who values the affective interpersonal relations of his family environment. Hospital schedules and unfamiliar food are distasteful to the Mexican-American patient. Finally, the hospital is feared as "a place where people go to die."

Mexican-American folk medicine diagnoses illness on the basis of its natural or supernatural causation. Most mental illness is believed to be of supernatural origin. Diseases of supernatural origin fall into three main categories: 1) those sent by God or a saint as punishment for misdeeds;

2) those caused by witchcraft or the evil eye; and 3) fright sickness caused by seeing ghosts. These theories of disease are most prevalent among the lower classes but also permeate the entire class system. Middle or upper class families and anglicized individuals often deride supernatural concepts of illness, but it is common practice for such avowed skeptics to cite cases of witchcraft which they have witnessed.

All local variations of Mexican-American disease theory and treatment in South Texas cannot be described here, but the general pattern will be presented. A variety of illnesses is believed to be the result of witchcraft. An individual who wants to harm his enemy may hire a witch who specializes in the magical causation of "daños" (harms). A leading motive for bewitchment is "envidia" or envy of the prosperous individual who indulges in conspicuous consumption, to the discomfort of his less fortunate neighbors. Other motives are sexual jealousy and the desire to avenge an insult.

Witch-sent illnesses are called "enfermedades mal puestas." The magical techniques for causing illnesses are supposed to be professional secrets known only to witches. Some herb stores sell books on black magic and the necessary paraphernalia to laymen, but the amateur is never sure that his magic will work, whereas most witches guarantee their results. Whether the magic is amateur or professional, there is always a method of notifying the victim that he has been hexed, causing him to suffer from shock.

Mental illness is the most common form of disease inflicted through witchcraft. There is a strong belief that certain individuals are more susceptible than others to mental illness, bewitchment, and venereal disease. The mental illness called "demencia" (insanity) is said to come from an "aire"—an evil element put into the air by a witch—directed at the victim. Symptoms of demencia include amnesia, hallucinations, and guilt or persecution complexes. A victim of the most extreme form is called "loco de remate"

and is believed to be incurably insane. He is committed to a mental institution only if he becomes violent.

A milder mental disturbance caused by bewitchment is called "miedo" (fear). The victim is so frightened that he imagines seeing frightful things that do not exist and cannot be observed by normal people. The ailment known as "visiones" causes the victim to see visions of the menacing witch and his client who are sometimes reported to leave their teeth marks or scratches on the patient's body. The Mexican-American distinction between these two witch-sent illnesses is that the victim of "miedo" just imagines seeing things while the victim of "visiones" sees real visions of those who are harming him.

Evil-eye sickness ("mal de ojo") is caused unintentionally by certain individuals who are born with a powerful magic force in their eyes. When such an individual looks with admiration or desire at someone, his look releases an evil force which enters the person's body and causes illness. If the individual with the evil eye admires an object such as a vase, it may crack. Today, it is said in the Valley that people with the evil eye have much "electricity" in them. The victims of evil-eye sickness are usually children. Young animals are also susceptible to this disease.

Fright from seeing ghosts is called "espanto" and the victim is described as "espantado." Symptoms of this illness are restlessness, sadness, nervous tension, dizziness, and weakness. The patient's mind and vision may both be clouded.

Natural illnesses are caused by improper diet. emotional upsets, night air, drafts, fatigue, and injuries. Any ailment which seems minor at the outset is presumed to be natural illness amenable to treatment with home remedies. But there is always the possibility that a seemingly natural illness or injury, such as a broken arm, may have been caused by God as a punishment for immoral behavior. The illness or injury may also be inflicted on the sinner's child to make his parents realize that their wrongdoings harm others.

Common emotional illnesses of natural origin are "susto" and "bilis." Susto is an illness caused by any natural fright such as seeing a poisonous snake or witnessing a murder. The symptoms are similar to those of "espanto" but much less serious and easier to cure. The adult afflicted with "susto" suffers a general malaise and frequently has horrible dreams about the fright that made him ill. Symptoms of the disease manifested by children are crying, whining, sadness, insomnia, and nightmares. Tuberculosis is believed to be a complication of advanced susto ("susto pasado") that has not been treated. If the susto is cured, the tuberculosis will respond to simple home treatment according to Mexican-American disease theory which does not classify tuberculosis as a communicable disease. Most Mexican-Americans do not understand the medical insistence on isolating cases of tuberculosis. This disease is called "tis" by the Spanish-speaking population.

Strong anger ("coraje") causes the illness known as "bilis" which produces an overflowing of yellow stomach bile that results in diarrhea, vomiting, and sometimes a yellowish complexion. This concept is a survival of the Hippocratic theory that sickness results from an imbalance of the four bodily humors: blood, phlegm, choler (the yellow bile that causes anger), and melancholia (the black bile that produces gloominess). An imbalance of the humors is characterized by an overheated or underheated body which must be restored to its normal temperature by proper diet. A sick person whose body is too "hot" must consume foods and herb medicines classified as "cold," while a cold body needs "hot" foods and medicines. The categories of "hot" and "cold" have no references to the actual temperature of the foods but refer to the supposed effects of the foods on the human body. Hippocratic medicine was introduced into Mexico by the Spaniards in the 16th century and is still a basic part of Mexican folk medicine but is of little significance in Mexican-American folk medicine of South Texas. Minor stomach upsets are believed to be caused by eating

too many hot or cold foods in most communities, but the hot-cold complex is completely lacking in some localities.

A draft called "un aire" or "un golpe de aire" can cause a common cold or the flu which are both regarded as natural diseases. Night air ("sereno") is dangerous to anybody although it is especially dangerous to children. Particular care is taken to see that no windows are open in the room where a baby sleeps. A child's head must be covered if he is taken out at night.

Children are subject to a number of other ailments. Even in his mother's womb, the unborn child must be protected from dangers unknown to Anglos. An expectant mother fears that the full moon may injure her fetus causing it to be born with a harelip or some other defect. To protect her child, she may wear a string around her waist holding a piece of metal over her abdomen. A nursing mother who again becomes pregnant gives contaminated milk which causes the child to have digestive disturbance and anger. The mother is then called "chipilesa" and the child "chipil." Any emotional extreme experienced by a child may endanger his health. Heart disease is believed to be possibly a complication of anger or fright.

Any fall or bump suffered by an infant can cause the illness known as "caída de la mollera" which occurs when the fontanelle "collapses" inward toward the brain. The fontanelle is regarded as a loose and movable thing because one can feel it throb. A baby's head is always carefully cushioned and protected to prevent fallen fontanelle. This condition produces sadness and lack of appetite.

When a child becomes extremely thin and has a protruding belly, he is called a "panzón." The actual cause of this condition is usually intestinal parasites, but Mexican-Americans believe it comes from overeating.

B. THE MEDICAL REFERRAL SYSTEM

When a minor illness presumed to be of natural origin does not respond to home treatment with herb remedies,

patent medicines, and prayers, outside help is sought. Lower or middle class families may solicit the aid of a neighbor or compadre who has had some experience with curing if the patient does not seem too sick.

In the event that the patient still fails to improve, his family may consult a diviner ("adivino") to determine the nature and cause of the disease. Diviners also sell their services to help locate lost objects or foretell the future. After diagnosing the case, the diviner often recommends a specific "curandero" (folk curer) or undertakes treatment himself if he happens to be a curer as well as a diviner. Upper class anglicized Mexican-Americans consult physicians, naturopaths, or chiropractors instead of diviners or curanderos.

Professional physicians are viewed with suspicion and hostility by conservative members of the lower class who generally regard the germ theory of disease as a fraudulent scheme to help Anglo doctors and nurses extract exorbitant fees from the gullible. The Mexican-American skeptic in this case reasons that germs which cannot be seen cannot exist. He often refers to germs as "animalitos" (little animals). Furthermore, he knows that physicians lack the knowledge needed to treat illnesses of supernatural origin. He may even doubt the physicians's knowledge of natural diseases. He points out that a curandero "knows" how to treat a patient, but a physician has to consult books, colleagues, or rely on x-rays to discover the cause of an ailment. A curandero petitions God and the saints for aid in the cure but a physician generally ignores the possibility of divine help. As one Mexican-American put it: "Doctors act as though they know more than God who created them."

The typical physician and nurse fail to achieve the close affective relationship with Mexican-American patients which is so characteristic of curandero-client relations. The most obvious reason for this failure is the language barrier between the Anglo physician or nurse and the Mexican-American patient who speaks little English. A second reason is the authoritarian relationship which the physician

and nurse assume with the Mexican-American patients. The patient feels that the doctor and nurse are unconcerned with his welfare, his feelings, and the obligation of his family. As a final insult, the physician may ridicule the patient's self-diagnosis made in terms of folk disease theory.

The curandero maintains close relations with both the client and his family. He patiently explains the cause and nature of the affliction and the reasons behind each step of the treatment. These explanations are meaningful in the context of the Mexican-American world view and great interest is taken in them. The curandero often uses great skill in manipulating interpersonal relations within the family so as to relieve pressures that produce stress and anxiety in the patient. In several documented cases, curanderos have cured mental illness after psychiatric treatment has failed.

The conservative Mexican-American consults a physician only as a last resort when all other curing techniques have failed. His attitude is comparable to that of an educated Anglo who places his life in the hands of a faith healer when his physician has told him his disease is fatal and incurable. Even as a last resort, the Mexican-American makes little or no attempt to understand the physician's diagnosis and treatment because he is used to carrying out orders without question in this type of role relationship with an Anglo.

The fact that many Mexican-American patients come under a physician's care only when the disease is far advanced lowers the chances of a successful cure. Every failure to restore the health of a Mexican-American patient is widely cited as evidence of the inefficiency of scientific medicine. While the patient is under the physician's care, his family continues to appeal for divine aid and administers folk remedies to him at home if his case does not require hospitalization. When the patient does not improve quickly, his family may transfer him to the care of another doctor or back to a curandero.

C. CURANDERISMO

The term "curanderismo" refers to the entire system of disease theory and curing techniques associated with the curandero whose healing powers are believed to be a divine gift from God. The curandero or curandera is a highly respected individual who often receives the honorific title of "don" or "doña." Most curanderos learn some of their techniques from older folk curers.

Patients are received in the parlor of the curandero's home which is furnished with an altar containing images and pictures of Christ and the saints. All cures involve offerings of flowers and vigil lights. Similar offerings accompanied by prayers are made by the patient's family at his home altar. By the altar, there is a container of holy water, frequently prepared merely by the blessing of the curandero, who uses it in many of his treatments. While some curanderos charge a standard fee for each treatment, others make no request for payment but expect the patient to leave a monetary offering on the altar before leaving. The amount left is usually one dollar.

The general curandero handles a wide variety of cases but specializes in diseases of supernatural origin, with the exception of bewitchment illnesses which are treated only by witches, spiritists ("espiritistas"), and spiritualists ("espiritualistas"). Cases of critical illness usually are refused by the general curandero who refers them to a physican or a hospital in order to avoid the legal embarrassment of having a patient die under his care.

Some curanderos also are believed to possess powers of witchcraft or black magic which are believed to come from the Devil rather than from God. The witch-doctor is called a "brujo" or "bruja." He is said to have the power to change himself into an owl which can fly. Witches are feared and disliked to the point of being physically attacked on occasions. It is believed that a witch who bleeds profusely from a wound will lose his evil powers.

In addition to witches, there are a number of other specialists including the midwife ("partera"), the herbalist ("yerbero"), and the bone setter ("huesero"). Spiritist and spiritualist curers will treat almost any kind of illness but their services are sought mainly in cases of bewitchment. They must undergo an extensive period of training at centers in Mexico or by taking correspondence courses in order to become proficient in their curing techniques which are different from those of the general curandero. They divine and cure with the aid of spirits of the dead. Their fees are much higher than those of the general curandero.

Any curandero must demonstrate his abilities by a series of successful cures in order to enjoy a large clientele. A novice just starting in the business is suspected of being a fraud until he proves that he is not. Unless his first cases are cured, he receives no more business and may be forcibly driven from the community.

The most common techniques of curing practiced by the general curandero are: "cleaning" the patient's body with a handful of medicinal herbs and an unbroken egg to draw out the contamination which is causing the illness; administering herb teas; reciting prayers; and making offerings of flowers and candies to God or the saints. The cleansing ("limpia") ritual is used to treat espanto, susto, evil eye, and some kinds of bewitchment.

The curandero's procedure may be illustrated by a typical treatment for espanto. The patient suffering from this disease must be taken immediately to a curandero or witchdoctor who is skilled in treating espanto. The diagnosis is based on the patient's pulse beat. The patient lies on a dirt floor while the curandero outlines his figure in the earth with a knife. After the sick person rises, the curandero scoops up the dirt from the marks of the outline, mixes it with water, and gives the mixture to his patient to drink. Next the patient drinks an herb tea made with a few sprigs of pennyroyal ("poleo") boiled in water. Finally, the curandero cleans his patient with a handful of herbs including

pennyroyal and rosemary ("romero"). Throughout the treatment the curandero recites the Lord's prayer and chants Hail Marys. This treatment must be performed daily for nine days or repeated three times a day for three days. During this period, it is the duty of the patient's family to urge the offending ghost to return to purgatory and seek eventual rest. God is asked to reclaim the ghost from this world. Prayers are accompanied by offerings and vigil lights placed on the home altar. The family tries to obtain a photograph of the man whose ghost is causing the illness. If they succeed, the picture is sprinkled with fresh flowers dipped in holy water every day during the period of treatment. A much simpler cure for fright from natural causes involves cleaning the patient with an unbroken egg and giving him herb teas.

Recovery from any serious illness may be effected through a patient's vow to make a pilgrimage to a holy shrine in return for divine help. The most important shrine in Texas is that of Don Pedro Jaramillo, in Fulfurrias. The spirit of this dead curandero is now revered as a saint by thousands of Mexican-Americans. Two popular pilgrimage centers in Mexico are the shrine of the Virgin of San Juan de los Lagos in Jalisco and the shrine of El Chorrito in Nuevo León. The most sacred shrine in Mexico is the Basílica of Our Lady of Guadalupe.

Recommendations

IMPROVEMENT OF health facilities and practices in South Texas presents the two-fold problem of gaining Mexican-American acceptance of scientific medicine without disrupting the social organization and creating unnecessary tensions.

New practices can be introduced in any society by: 1) attempting to make the new form compatible with the established value system of the receiving culture; or 2) attempting to change that value system in order to replace it in part with both the form and associated meaning of a complex concept. Trying to "sell" people on both the form and meaning of an innovation is a difficult and time-consuming process which is likely to arouse hostility. In dealing with health and welfare problems, the best approach is to begin with the first method by adapting scientific medical services to Mexican-American culture patterns. In due time, it may be possible to increase the acceptance of modern medical theory without arousing widespread antagonism between the advocates of scientific medicine and the advocates of Mexican-American folk medicine.

Specific suggestions for an integrated program of health service improvement among the Mexican-American population are presented below:

1. *Improve communication between health workers and*

Mexican-American patients by making a concerted effort to overcome the language barrier.

Although the ultimate goal should be for all doctors and nurses who deal extensively with Mexican-American patients to learn Spanish, the immediate goal can be limited to: a) placing a few Spanish-speaking personnel in key positions in every clinic and hospital; b) assigning house-calls to Spanish-speaking health and welfare workers; c) hiring a health or welfare department translator who would be on call to accompany Mexican-American patients to the doctor's office; and d) improving the teaching of English in the public schools.

2. *Increase knowledge and understanding of Mexican-American folk culture among health and welfare workers.*

This immediate goal could be achieved by means of short but intense courses given periodically by an anthropologist who has worked in South Texas. The course should include the basic concepts of: culture, cultural relativity, culture conflict, culture change, and culture integration. In applying these concepts to Mexican-American culture, stress should be placed on the importance of observing the Latin rules of etiquette that govern the conduct of interpersonal relations. Health and welfare workers must know how to deal with Mexican-Americans as individuals and as members of a family group without offending them. Reference books on Mexican-American culture should be available for the professional staff.

3. *Improve the physical appearance of the clinics, making them more attractive to Mexican-Americans so that they will associate modern health services with pleasant surroundings.*

The typically drab walls of the clinics could be painted in pastel colors and decorated with simple religious symbols. Flower pots placed around the waiting rooms would appeal to the Mexican-American fondness for flowers. Where feasible, low background music featuring Mexican songs would be appreciated. A comfortable reading room

with pictorial magazines and literature on health problems should be provided for patients and the relatives who accompany them to the clinic.

4. *Treat illness in addition to the practice of preventive medicine at those clinics where it is feasible.*

The idea that one can prevent illness by certain health precautions is difficult to communicate to the many Mexican-Americans who still believe that any illness may have a direct supernatural origin. Such a fatalistic theory of disease makes no provision for preventive medicine, and indeed, may occasionally serve as a deterrent to modern public health practice since human attempts to thwart divine will are reguarded as sinful. This common belief that illnesses of a supernatural origin cannot be prevented by any kind of medicine severely hampers the effectiveness of a public health clinic which is restricted to public education and preventive measures. Despite the belief in supernatural causation, once an illness is recognized it is the duty of the family to seek treatment. To the extent that modern medicine can demonstrate curative effectiveness, the Mexican-American will turn to it for help.

5. *Show respect for Mexican-American beliefs about health instead of ridiculing them as "superstitions."*

Do not discourage or ridicule appeals for divine aid and the use of herb teas which are certainly harmless and may be beneficial. Suggest that the patient also try the physician's recommendations *in addition* to these folk remedies.

6. *Combat the notion that clinic patients are accepting charity.*

This goal can be achieved by: a) charging a token payment (e.g. 25 cents a visit) and giving the patient a receipt to prove that he did not accept charity; or b) hang signs on the wall saying that this clinic is supported by the people through the taxes that they pay on income and luxuries. The Mexican-American value system prohibits the direct acceptance of charity. Since the clinics are commonly associated with charity cases, the Mexican-American often feels

that going to a clinic might make him lose face with his neighbors.

7. *Establish friendly doctor-patient and nurse-patient relationships in place of the authoritarian relationship that now exists between the Anglo doctor or nurse and the Mexican-American patient.*

The doctor or nurse should greet the Mexican-American patient cordially, shake hands, and chat pleasantly with him for a few minutes. The doctor should suggest treatment, not give orders.

8. *Deal with the family as well as the patient.*

Encourage expectant mothers to bring an older female relative with them to classes. Before treating illness, request consultation with the patient's parents and obtain the permission of the male head of the family to try a particular treatment.

9. *Protect the Mexican-American patient's strong sense of modesty.*

Avoid physical exposure of the female patient before a male doctor and the male patient before a female nurse whenever possible. The same principles should be followed in instruction courses utilizing illustrations.

10. *Publicize the advantages of scientific medicine.*

An occasional open house at the clinic should present talks on modern medical facilities by respected Mexican-Americans, including patients who have been cured by scientific techniques. The open house should be a festive occasion accompanied by refreshments, mariachi or band music, and movies. Conferences with priests and ministers should suggest their advocacy of modern medical facilities.

11. *Add a Mexican-American interviewer to the staff of each clinic and hospital to act as an intermediary between the doctor and the patient.*

The interviewer must be a respected local resident, preferably one who holds the honorific title of "don" or "doña." He should be the first member of the staff to receive the patient and his family in a private room. The clinic interview,

conducted in Spanish, should obtain the patient's case history including his self-diagnosis, symptoms, and previous treatments for the present ailment. The interviewer then accompanies the patient to the nurse or doctor who merely greets and examines the patient. The interviewer then describes the symptoms to the doctor who in turn will explain the recommended treatment to the interviewer. He returns to the interview room with the patient, calls in the family, and explains each step of the recommended treatment in terms that are meaningful to the Mexican-American. He remains with the patient during the treatment given at the clinic. He would also accompany nurses and doctors on house-calls and make follow-up calls by himself to see that the treatment is being carried out. The hospital interviewer would receive the patient and explain hospital procedures to him on admittance. He would visit the patient daily and make reports to his family. A curandero (but not a witch-doctor) would be the person most likely to have the prerequisites for this job.

12. *Clinic lectures should be given in Spanish in terms that are compatible with the concepts of Mexican-American folk medicine.*

For example, penicillin can be described as a gift from God to man enabling man to help cure himself. Lectures on germs should not be illustrated with cartoons. The existence of germs can be most convincingly proved by live demonstrations with microprojection so that the "animalitos" can actually be seen. Displays of biological specimens are also effective in illustrating talks. Lectures on nutrition should stay within the bounds of Mexican-American eating customs and avoid recommending diets that the clinic patient cannot afford or finds distasteful. Clinics should not try to teach Anglo child-training practices which are incompatible with Mexican-American culture.

13. *Make the Mexican-American patient more comfortable in a hospital.*

Allow his family to visit him for longer periods of time, if

possible, and allow the mother of a hospitalized child to stay with him at night. Serve the patient Mexican-American food or allow his family to bring him food. The "tasteless" quality of Anglo cooking in most hospitals is almost nauseating to the Mexican-American. The availability of a hospital altar and holy pictures would also make him feel less apprehensive. Children appreciate any kind of entertainment, such as television cartoons, in the hospital. The adult patient who adheres to the concepts of folk medicine will have far more confidence in the successful outcome of his hospital treatment if his curandero or the Mexican-American interviewer is allowed to visit him under a program of joint treatment supervised by the physician.

14. *Improve relations between medical personnel and curanderos.*

Direct oral and legal attacks on curanderos should be avoided wherever possible. If curanderismo is driven underground it could become much more difficult to manage. One excellent way to establish a working relationship with selected curanderos would be to give them brief courses permitting them to qualify as practical nurses. They could be given impressive diplomas, allowed to wear uniforms or emblems, and given simple medicines such as aspirin for their patients. They could be taught to work with physicians and to bring their patients to clinics and hospitals. Their cooperation in this way would undoubtedly increase the number of cases referred to physicians. Cooperation between physicians and curanderos could be particularly valuable in those cases of mental illness which would respond to treatment better in a home environment than in an institution. The value conflicts often present in the Mexican-American ex-patient when he returns from the Anglo-oriented mental hospital to his home environment would be minimized by the presence of a properly trained practical nurse or social worker.

It may be impractical to apply all of these recommendations simultaneously in any one area. The most suitable sug-

gestions can be combined in drawing up workable programs adapted to local situations. If these programs increase Mexican-American confidence in modern medical services, then Public Health workers will be in a much more favorable position to explain the scientific bases of preventive medicine, sanitation measures, and disease treatment.

In concluding, it seems appropriate to emphasize the fact that U. S. culture is the product of peoples from many lands. Our Mexican-American heritage deserves understanding and respect. In this era of high divorce rates, mental breakdowns, and suicides, we have much to learn from our Mexican-American citizens about family solidarity, child rearing, respect patterns, and religious values.